The Louisville Police Department takes seriously both compliments and complaints regarding the service provided by the Department and its members.

The Louisville Police Department maintains the integrity of the department by conducting thorough and impartial investigations of complaints of member misconduct, to protect the community from member misconduct and to protect members from false or malicious allegations.

Please complete all information as thoroughly and accurately as possible, providing as much detail as you can remember.

Type of report	Commendation or Compliment	Complair	nt Suggestion or Inquiry	
Information about you	I			
Last Name	First Name		Middle Initial Date of Birth	
Address(Street, City, State)				
Day Phone	Evening Phone	E-Mail Address		
Information about the Date of Incident	Time		ek Case Number	
Witness Name			Witness Phone	
Witness Name			Witness Phone	
Information about Louisville Police employee(s) involved				
Name/Badge #	Or	description		
Name/Badge #	Or	description		

Briefly describe what happened:				
	·			
Please provide any additional information	n you think will be helpful:			
Signature	Date			
The Lauisville Police Department carefully in	nvestigates all complaints relating to police service and			
	nd thank you for bringing the matter to our attention.			
This form can be printed and mailed to:	Or faxed to:			
Louisville Police Department 992 Via Appia Way	303-335-4683 Attn: Professional Standards			
Louisville, CO 80027				
For internal use only:				
Receiving Supervisor:	Date Report Received:			